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ABSTRACT

Data from a study to identify perceptions concerning key cultural concepts and their inclusion in nursing school curricula showed a discrepancy between what was desired and what was practiced. The demographic data were examined to identify factors that might be contributing to the reported perceptions of the administrative and faculty personnel. Certain patterns of homogeneity among institutions, administrators, faculty, and students were revealed that may be contributing to the maintenance of a unicultural perspective rather than a multicultural one. A three-state (Alabama, Florida, and Georgia) profile revealed that two-thirds of the participating institutions were located in cities or towns of less than 100,000, were classified as urban/residential, and had total enrollments of between 5,000 and 15,000. Approximately one-half of the administrators had initially earned the bachelor's degree; the other half, a diploma or an associate degree. Three-fourths held the doctorate as the highest degree earned. Teaching faculty had initially earned a baccalaureate degree (57 percent) or the diploma or associate degree (43 percent). Approximately three-fourths held the masters in nursing degree as the highest degree earned. A comparison of the southeastern data with the national data revealed conditions for the inclusion of a multicultural dimension in nursing education that might be very similar throughout the country. (YLB)

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Cultural Perceptions and Nursing Education:

A Demographic Profile

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The cultural and racial diversity manifested in American society today is not very well understood and certainly not fully recognized within the health care professions. Historically, there has been a limited focus upon the cultural aspects of nursing and until quite recently there have been no formal educational programs which included cultural concepts, theories, and content (Leininger, 1978).

Today, those involved in the health care professions are being asked to move from a unicultural approach to a multicultural one, as persons from diverse backgrounds expect care which is sensitive to their particular cultural values and mores. National accrediting organizations such as the National League for Nursing (Criteria for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing, 1983) as well as regional and state accrediting bodies, now include criteria and standards which address cultural diversity (Beach and Martin, 1983). As of 1983, Leininger (1984) reported that nationally, only 18% of all NLN baccalaureate accredited nursing schools included cultural concepts within their curricula.

Concern for the perceptions of nursing educators regarding the integration of cultural concepts within nursing school curricula prompted a study by Glynn in 1984. In this study, data were solicited from three southeastern states,

Alabama, Florida, and Georgia in all NLN accredited baccalaureate programs.

The major purpose of the study was to identify perceptions concerning key cultural concepts and their inclusion in nursing school curricula. It was clear from these data that there was a discrepancy between what was desired and what was practiced. Therefore, it was decided to examine the demographic data to identify factors which might be contributing to the reported perceptions of the administrative and faculty personnel in the study. This paper is concerned with these demographic data and not with the total study.

An examination of the demographic data revealed certain patterns of homogeneity among institutions, administrators, faculty, and students which may be contributing to the maintenance of a unicultural perspective rather than a multicultural one. A comparison of the southeastern data with the national revealed conditions for the inclusion of a multicultural dimension which may be very similar throughout the country. An additional analysis of data in several northeastern states, in a current study by Glynn, Bishop, and Bradley, gives additional support to this conclusion.

Institutional Profile

Based on the demographic data, a three state profile revealed that two-thirds of the participating institutions were located in cities or towns of less than 100,000

population, were classified as urban/residential and had total institutional enrollments of between 5,000 and 15,000 students. Eighty-five percent of the students enrolled in the nursing programs in these institutions were in programs with fewer than 800 students, 54% of these in programs of 400 or less.

No comparative national data were found for enrollment patterns by institution; however, the most recently published national data by the National League for Nursing in 1982 revealed that national total enrollment for all baccalaureate nursing programs was approximately 27,000 to 30,000 in the Southern, Midwestern, and North Atlantic regions, and 11,000 in the Western region (NLN Nursing Data Book, 1983-84). More than three-quarters of the administrators in this study stated that 75 to 100% of their students were native to the southeastern United States (Table 1) and from 50 to 100% of their nursing graduates found employment in the same geographical area as their alma mater.

The mean ethnic distribution of the population in the geographic areas of these institutions showed a Caucasian/White ethnic background for a mean 75% of the population in the communities where the institutions were located, Black for 20%, and Hispanic, Oriental, and American Indian for the small remainder. These mean percentages were even

Table 1 DEMOGRAPHIC PROFILE
OF
NATIONAL LEAGUE FOR NURSING ACCREDITED
INSTITUTIONS GRANTING BS/BSN DEGREES IN
ALABAMA, FLORIDA, AND GEORGIA

Characteristics of Participating Institutions	% of Response
Institutions in cities or towns with less than 100,000 population	61.5%
Urban institutions	63.6%
Institutions identified as residential	63.6%
Institution undergraduate enrollment (all schools) 5,000 - 15,000	61.6%
School of Nursing enrollment	
0 - 399	54.0%
400 - 799	31.0%
Undergraduate nursing program enrollment by students native to the Southeastern United States	
75 - 100%	83.3%

higher for the students enrolled in the nursing programs, where Caucasian/White students accounted for a mean of 82% (Table 2). National data were reported by four geographic regions -- the North Atlantic, the Midwestern, the Southern, and the Western. The percentages of nursing students by ethnic background were roughly the same for all regions of the country, with the Caucasian/White group accounting for approximately 80% of baccalaureate nursing school enrollment. The only exception occurred in the Western region, where the Hispanic, American Indian, and Oriental background showed the same percentage as did the Black in the other three regions of the country (NLN Nursing Data Book, 1983-84).

Administrative Profile

Homogeneity in the administrative and faculty personnel is also worthy of note. Approximately one-half of the participating administrators had initially earned the bachelor's degree, and the other half a diploma or an associate degree. One-fourth held the masters in nursing as their highest degree. Three-fourths of the administrators in this study held the doctorate as the highest degree earned (15% in nursing and 61% in another field). No national data were found to describe highest degree earned by administrators in baccalaureate nursing programs alone. However, national data were found for institutions offering both baccalaureate and higher degree programs. In these, it was reported that

Table 2 ETHNIC DISTRIBUTION BY GEOGRAPHIC AREA AND NURSING STUDENT ENROLLMENT

Ethnic Distribution	Mean % of Response
General population in geographic area of institution	
Caucasian/White	75.3%
Black	20.1%
Hispanic	1.9%
Oriental	1.5%
American Indian	.3%
Nursing student enrollment	
Caucasian/White	82.2%
Black	16.5%
Hispanic	.7%
Oriental	.4%
American Indian	0.0%

29% of the administrators held the masters degree and 71% the doctorate (NLN Nursing Data Book, 1983-84).

Thirty-nine percent of the administrators in the current study had earned their highest degree in Alabama, 23% in Florida, none in Georgia, and 38% in other states. Sixty-three percent of those employed in Alabama had earned their degree in that state, and 33% of those in Florida had earned their degree there. None of the administrators in Georgia had earned their highest degree in that state (Table 3). No data were found for a national comparison of states where administrators had earned their highest degree.

Faculty Profile

The data relative to teaching faculty in participating institutions revealed that 57% had earned a baccalaureate degree initially while 43% had earned the diploma or associate degree. Approximately three-fourths of the faculty held the MSN (masters in nursing) degree as their highest degree. Twenty-two percent held a doctorate, 5% of these in nursing and 17% in another field. A negligible number held just the bachelor's degree -- only 1%. Nationally, the data for highest degree earned were not found for faculty in baccalaureate programs alone. However, data for institutions offering both baccalaureate and higher degree programs revealed that 80% of the faculty held the masters degree and 16% held the doctorate (NLN Nursing Data Book, 1983-84).

Table 3 PROFILE FOR ADMINISTRATOR PERSONNEL IN ALL THREE SOUTHEASTERN STATES

Administrator profile	Percent
Initial degree of administrators	
Baccalaureate	46.1%
Diploma in Nursing	38.5%
Associate/Other	7.7%
Highest degree earned	
Doctorate in nursing	15.4%
Doctorate in another field	61.5%
MSN (nursing)	23.1%
State in which highest degree was earned	
Alabama	39.0%
Florida	23.0%
Georgia	0.0%
Other states	38.0%
Employment in state where highest degree earned	
Alabama	63.0%
Florida	33.0%
Georgia	0.0%

Thirty-six percent of the faculty had earned their highest degree in Alabama, 20% in Georgia, and 9% in Florida. Thirty-five percent had earned the highest degree in states other than these three. Employment in the state where highest degree was earned ranged from 64% for Alabama faculty to 52% for Georgia, to 34% for Florida (Table 4).

Administrator/Faculty Comparison

A comparison of administrators and faculty revealed interesting profiles. Forty-six percent of the administrators and 57% of the faculty held baccalaureate degrees as their initial degree, while an equal percentage (38%) of both had received the diploma in nursing. Sixteen percent of the administrators and only 4% of the faculty held "associate and other" degrees as their initial nursing preparation. The majority of faculty earned a baccalaureate degree or a diploma as their initial preparation.

In Alabama, administrator and faculty data were very similar. Percentages were nearly equal for both groups of personnel -- approximately one-third of both administrators and faculty had received their highest degree in Alabama, and approximately 62% of them were employed there.

In Florida, administrators and faculty were fairly similar, except in one respect. Approximately one-fourth of the Florida administrators and only one-tenth of the

Table 4 PROFILE FOR FACULTY PERSONNEL IN ALL THREE SOUTHEASTERN STATES

Faculty profile	Percent
Initial degree of faculty	
Baccalaureate	57.0%
Diploma in Nursing	38.0%
Associate Degree	5.0%
Highest degree earned	
Doctorate in nursing	5.0%
Doctorate in another field	17.0%
MSN (nursing)	73.0%
MS in another field	4.0%
Baccalaureate degree in nursing	1.0%
State in which highest degree was earned	
Alabama	36.0%
Florida	9.0%
Georgia	20.0%
Other states	35.0%
Employment in state where highest degree earned	
Alabama	64.0%
Florida	34.0%
Georgia	52.0%

faculty had earned their highest degree in that state. One-third of the administrators and one-third of the faculty were employed in Florida and had earned their highest degree there. In Georgia, none of the administrators and one-fifth of the faculty had earned their highest degree in that state. Approximately 52% of the faculty were also employed in Georgia (Table 5).

Clearly, these data suggest that the typical student in a National League for Nursing accredited baccalaureate program in these three states is White/Caucasian, attends a school in his or her native state, in a community dominated by one culture, studies in a program in which a large percentage of the administrative and faculty personnel show the same demographic characteristics, earns his or her highest degree in that state, and is subsequently employed as a faculty member or nurse practitioner in that state.

In summarizing the data, one concludes that a slightly larger number of faculty than administrators had initially earned the baccalaureate degree. Approximately three-fourths of the administrators and one-fourth of the faculty held an earned doctorate. These doctorates were four times to one in fields other than nursing. There were more National League for Nursing programs in Alabama than in Florida or Georgia. A greater number of the Alabama respondents had earned their highest degree in that state, and two-thirds of its administrators and faculty were employed there. No comparable national data were found at the time of this study.

Table 5 COMPARATIVE PROFILE
OF ADMINISTRATORS AND FACULTY

	Percent			
Initial nursing preparation	Bacca-laureate	Diploma	Associate	Other
Administrators	46.0%	38.0%	8.0%	8.0%
Faculty	57.0%	38.0%	3.0%	1.0%
State where highest degree earned	Alabama	Florida	Georgia	Other
Administrators	38.0%	23.0%	0.0%	38.0%
Faculty	36.0%	9.0%	20.0%	35.0%
Employment where highest degree earned	Alabama	Florida	Georgia	
Administrators	62.0%	33.0%	0.0%	
Faculty	64.0%	34.0%	52.0%	

Institutional inbreeding has been recognized as a common phenomenon and concern. Problems can occur when an institution employs its own graduates, not the least of which is the tendency to perpetuate a philosophy which can preclude the broadened outlook so necessary in an institution of higher education (McGee, 1960).

If a considerable number of both administrators and faculty have received their highest degree in the institution in which they are employed, and if, in addition, they are native to the geographic area of those institutions (ones dominated by one cultural group, the White/Caucasian), it seems logical to assume that sensitivity to and knowledge about diverse cultures may be minimal. Modification of nursing school curricula in these institutions may be negligible unless faculty development programs move systematically toward a multicultural focus.

In recent years lip service has been given to the need for a multicultural dimension in education at all levels and in all disciplines. Many educators have experienced difficulty in perceiving its relevance to, and inclusion in, their particular discipline. One of the most influential factors in acquiring a multicultural perspective is firsthand exposure to a variety of cultures and to a variety of persons from those cultures. Some educators acquire this perspective through teaching abroad, others through graduate study, and still others, through daily interaction with colleagues,

students, and lay persons whose backgrounds vary significantly from their own. In the absence of formal educational offerings and/or informal circumstances which promote a knowledge and understanding of cultural diversity, institutions and educational personnel alike may remain unicultural in their outlook. It can be anticipated that residence within a predominantly unicultural community and professional practice within an inbred institution might also contribute to such an outlook, one which fails to anticipate the range of curricular modification necessary to weave the cultural component logically within the fabric of nursing school curricula.

Diversity and lack of conformity are qualities that are highly cherished within the American university setting. Diversity of faculty and student body is viewed by many schools as a necessary element of the educational climate, especially within professional schools (Brown, Dashiff, Henry, & Horns, 1985).

The nursing profession is working to achieve full academic status in higher education as a separate discipline, one in which the doctoral degree should be earned. The profession can strengthen this stance through policies which stress diversity in student admissions, in faculty employment, in faculty development, and in programs associated with curricular change. Communities in which institutions are

located will change gradually as the nature of their population changes; however, educational institutions may not follow suit unless they plan to do so. National figures reveal that approximately 90% of the full-time faculty in institutions offering baccalaureate and higher degree programs in nursing are White. Approximately 85% of students in baccalaureate nursing programs also have a White ethnic background (NLN Data Book, 1983-84). It would appear that regardless of the institution's geographical location, nursing program enrollment reflects a national rather than a regional pattern. Such homogeneity among faculty and students would tend to make cultural understanding and the integration of cultural content less likely and more difficult.

Present trends dictate that policy must be changed and curricular intervention must be planned. The caring professions must recognize the importance of cultural understanding to the delivery of effective health care. Initially, this will involve the need for developing faculty sensitivity toward a knowledge of cultural difference and its implications for health care. Since faculty and student bodies predominantly reflect a single culture, a multicultural focus, geared to the development of cultural sensitivity and understanding, is essential to ensure effective teaching programs and ultimately the rendering of comprehensive, holistic, quality health care.

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